PS Form 3811, February 2004

102595-02-M-1540

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: 	A. Signature X Barliana D. Rhole D. Agent Addressee B. Received by (Printed Name) C. Date of Delivery BARBARA G. Rhodes 7/207 D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
Officer Sprout Autauga Metro Jail 136 North Court Street Prattville, AL 36067	3. Service Type P Certified Mail
2. Article Number 7006 2760 0005 4873 0065	
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Autauga Metro Jail 136 North Court Street Prattville, AL 36067	3. Service Type Contribution Express Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes
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2. Article Number	
(Transfer from service label)	06 2760 0005 4873 0058
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Medical Staff of Autauga County Ja Autauga Metro Jail 136 North Court Street Prattville, AL 36067	If YES, enter delivery address below: No No No No Service Type
Autauga Metro Jail	11 07cv587 H124
Autauga Metro Jail 136 North Court Street Prattville, AL 36067	3. Service Type Certified Mail Registered Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee)
Autauga Metro Jail 136 North Court Street Prattville, AL 36067	3. Service Type Certified Mail Registered Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee)